# **Data Reporting**

For all data reporting, the collection period will begin the 1<sup>st</sup> month of enrollment into the Health Home program. Clinics will be required to report the data collected the month following the end of the quarter. This provides the clinic 30 days to report on all quality data. Data will be reported quarterly thereafter

## **Forum Registry**

The clinic is required to register at www.pcmh.dhw.idaho.gov for submission of all data reports.

#### **Clinical Quality Measures**

Two clinical quality measures (practice has choice of chronic condition). If asthma is chosen, all three asthma measures must be reported.

### **Diabetes Measures:**

Hemoglobin A1c Testing

Diabetes hemoglobin A1c poor control

## **Hypertension Measures:**

Controlling high blood pressure

Hypertension: blood pressure measurement

#### Depression Measures:

Anti-depressant medication management

Screening for clinic/practice depression

#### Asthma Measures:

Asthma assessment (% of asthmatic patients with assessment)

Asthma pharmacologic therapy (% of asthmatics prescribed long-term control – medication)

Management plan for people with asthma (% of asthmatics with documented care plan)

# **Preventive Quality Measures**

The clinic is required to choose 2 preventive measures from the list below.

Weight assessment counseling for children and adolescents

Well-child visits in the third, fifth and sixth years of life

Annual risky behavior assessment or counseling from age 12 to 18

Tobacco use assessment

Tobacco cessation intervention

Adult weight screening and follow-up

## **Practice Transformation Measures**

The clinic will report on both measures listed below.

Third next available appointment

Percentage of patient visits with patient's selected provider/care team.